MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10958 71

CERTIFICATE OF DEATH

Reg. Dist. No. 70

1. PLACE OF DEATH:
COUNTY CARROLL MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL-RT #7, WESTMINSTER
LENGTH OF STAY (in this place) 9 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS FRIZELLBURG

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD. COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN RURAL - RT #7 WESTMINSTER
STREET ADDRESS (If rural, give location) FRIZELLBURG

3. NAME OF DECEASED: (Type or Print) (First) ANNE (Middle) ELIZABETH (Last) BABYLON

4. DATE OF DEATH: (Month) NOV (Day) 21 (Year) 1953

5. SEX: F.
6. COLOR OR RACE: AM. WH.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: APRIL 7, 1857
9. AGE last birthday: 96 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ~~John~~ William Nusbaum
14. MOTHER'S MAIDEN NAME: Lydia Ann Hesson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: —
17. INFORMANT & ADDRESS: Mrs. Joseph W. Sterling GRAND-DAUGHTER RT #7, WESTMINSTER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CONGESTIVE FAILURE	1 MONTH
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	10 YRS
DUE TO		
	(c)	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 10/31, 1953, to 11/21, 1953 that I last saw the deceased alive on 11/20, 1953, and that death occurred at 10:30 A.m., from the causes and on the date stated above.

SIGNATURE William Lewis Stewart (DEGREE OR TITLE) M. D. ADDRESS WESTMINSTER, MD DATE SIGNED 11/21/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 24, 1953
NAME OF CEMETERY OR CREMATORY Baust Church
LOCATION (City, town, or county) Tyrone (State) Md

DATE REC'D BY LOCAL REG. Nov 23, 1953
REGISTRAR'S SIGNATURE Ethel M Mehring Margaret R. English
24. FUNERAL DIRECTOR Ct Russ Son ADDRESS Taneytown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VR A15 8-51

RECEIVED
DEC 11 1953
BUREAU V.I.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

10959

Reg. Dist. No. 77

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS ✓

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) AGNES (Middle) WILLIAMS (Last) BACON

4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1953

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Sept 27-1893

9. AGE last birthday 60 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Secretary

10b. KIND OF BUSINESS OR INDUSTRY Railway Service

11. BIRTHPLACE (State or foreign country) Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W Williams

14. MOTHER'S MAIDEN NAME Ruth Merryman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY No. ✓

17. INFORMANT AND ADDRESS Chas R Williams, Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Thrombosis	Instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hyperfensive Cardiovascular Disease	16 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous Coronary Thrombosis 18 mos

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☑, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE M.C. Partlefield (Degree or title) M.D. ADDRESS Hampstead, Md DATE SIGNED 11/24/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Nov 27/53

NAME OF CEMETERY OR CREMATORY Hampstead

LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. Nov 24 1953

REGISTRAR'S SIGNATURE Henry Kens

24. FUNERAL DIRECTOR Edw Clipton, Hampstead Md ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VA1A

RECEIVED
NOV 27 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10960

Reg. Dist. No. 24

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 9/29/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 3531 Cliftmont Avenue

3. NAME OF DECEASED: (Type or Print) (First) Frederick (Middle) George (Last) BERNHARD

4. DATE OF DEATH: (Month) November (Day) 25 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: February 17, 1886

9. AGE last birthday: 67 yrs. IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Retired railroad man

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4937

Immediate cause (a) Myocardial infarct — Interval Between Onset And Death: 2 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Pneumonia — 2 days

DUE TO

(c) ---

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome with cerebral arterio-sclerosis. Chronic alcoholism - many yrs. — more than 3 yrs.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes X No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Nov. 16, 1953, to Nov. 24, 1953, that I last saw the deceased alive on Nov. 24, 1953, and that death occurred at 3:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M. D. — ADDRESS Sykesville, Md. — DATE SIGNED 11/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/28/53 — NAME OF CEMETERY OR CREMATORY Western — LOCATION (City, town, or county) (State) Baltimore

DATE REC'D BY LOCAL REGISTRAR 11-27-53 — REGISTRAR'S SIGNATURE — 24. FUNERAL DIRECTOR Philip Herwig Sons — ADDRESS 2024 Orleans St

31

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 4-46

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10961

CERTIFICATE OF DEATH

Reg. Dist. No. 17

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V.S. A15 8-51

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 110 Hooksville ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead Rural
STREET ADDRESS (If rural, give location) 110 Hooksville ave

3. NAME OF DECEASED: (Type or Print) (First) Martha (Middle) Ellen (Last) Bixler.

4. DATE OF DEATH: (Month) Nov (Day) 23 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: March 25 1872

9. AGE last birthday: 81 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elisha A. Cox

14. MOTHER'S MAIDEN NAME: Catherine Bosson.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 217-16-4235D

17. INFORMANT & ADDRESS: Mrs Preston Snyder, Hampstead Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause — (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: ?

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last — (b) Hypertensive Cardio-Renal Vascular Disease

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 19, 1944, to Nov 23, 1953, that I last saw the deceased alive on Nov 23, 1953 and that death occurred at ..... p.m., from the causes and on the date stated above.

SIGNATURE Joseph E Buck (DEGREE OR TITLE) MD ADDRESS Hampstead Md DATE SIGNED 11-25-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF Nov 26/53 — NAME OF CEMETERY OR CREMATORY Greenmount — LOCATION (City, town, or county) (State) Carroll Co Md

DATE REC'D BY LOCAL REG. Nov 24-1953 — REGISTRAR'S SIGNATURE Henry Hess

24. FUNERAL DIRECTOR Edw C Tipton — ADDRESS Hampstead Md

RECEIVED
NOV 27 1953
BUREAU V. S.

10962

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Nr Silver Run
LENGTH OF STAY (In this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: (Mailing Address) Littlestown, Pa. R.D.1

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural, Nr. Silver Run
STREET ADDRESS (If rural, give location): Littlestown, Pa. R.D.1 (Mailing Address)

3. NAME OF DECEASED (Type or Print): (First) Birnie (Middle) Leroy (Last) Bowers
4. DATE OF DEATH: (Month) 11/7/53 (Day) (Year) 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6/26/1885
9. AGE last birthday: 68 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Own farm
11. BIRTHPLACE (State or foreign country): Carroll County, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Bowers
14. MOTHER'S MAIDEN NAME: Martha Pitzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Lloyd Bowers Littlestown, Pa. R.D.1

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) 177x Terminal cachexia — 2 weeks

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Prostate with

(c) metastasis — 8 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1945, to 7 November 1953, that I last saw the deceased alive on 30 Oct, 1953, and that death occurred at 1:15 A.M. m., from the causes and on the date stated above.

SIGNATURE: Walter E. Stevens (Degree or title) M.D. — ADDRESS: Taneytown, Md — DATE SIGNED: 7 November 1953

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11/9/53 — NAME OF CEMETERY OR CREMATORY: Piney Creek Brethern Cem. — LOCATION (City, town, or county) (State): Nr. Taneytown, Carroll Co. Md.

DATE REC'D BY LOCAL REG.: 11/7/53 — REGISTRAR'S SIGNATURE: [signature] — 24. FUNERAL DIRECTOR: J. M. Little & Son — ADDRESS: Littlestown, Pa.
Per R. A. Little

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

RECEIVED
NOV 10 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1953

Reg. Dist. No. 26

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS 196 E. Main Street	STREET ADDRESS (If rural, give location) 196 E. Main Street

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Margaret	Elizabeth	Bowers	Nov.	8	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Married	Dec. 2, 1898	54 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife	Own Home	Westminster, Maryland	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wilbur Haines	Ellen R. Wolf

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no ------		Charles H. Bowers Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
21. X Immediate cause (a) Coronary occlusion & hypertensive failure	8 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus	3 years
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Nov 8, 1953, to Nov 8, 1953, that I last saw the deceased alive on Nov 8, 1953, and that death occurred at 1:55 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James T. Monn	M.D.	Westminster Md	11/9/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov. 10, 1953	Meadow Branch Cemetery	near Westminster, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/9/53		John R. Byers	Westminster, Md.

VS-A 15

BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]64

CERTIFICATE OF DEATH

Reg. Dist. No. 70

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural Taneytown
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED: (First) Robert (Middle) Francis (Last) Bowers

4. DATE OF DEATH: (Month) November (Day) 17, (Year) 19 53

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: January 24, 1922

9. AGE last birthday: 31 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Roofer

10b. KIND OF BUSINESS OR INDUSTRY: General Roofing

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Geary Bowers

14. MOTHER'S MAIDEN NAME: Ruth Fissell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: 213-18-9400

17. INFORMANT & ADDRESS: Mrs. Robert Bowers, R #1, Littlestown, Penna

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

178 X
Immediate cause (a) Metastatic carcinoma both Lungs — Interval Between Onset And Death: 2 mo

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Seminoma testicle — 8 mo
DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 53
19b. MAJOR FINDINGS OF OPERATION: Tumor (seminoma) Testicle
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 53, to Nov 17, 53, that I last saw the deceased alive on Nov 17, 53, and that death occurred at 9:30, from the causes and on the date stated above.
SIGNATURE (Degree or title) W. R. Cade MD — ADDRESS Emmitsburg Md — DATE SIGNED 11-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 11/20/53
NAME OF CEMETERY OR CREMATORY: Keysville Cemetery
LOCATION (City, town, or county) (State): Keysville, Carroll, Maryland

DATE REC'D BY LOCAL REGISTRAR: Nov 17, 1953
REGISTRAR'S SIGNATURE: Ethel M Mehring Local
24. FUNERAL DIRECTOR ADDRESS: C.O.Fuss & Son, Taneytown, Maryland

VS-45

NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. (76)

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 76

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Middleburg
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crouses Mill Road

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Virginia COUNTY
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Fredericksburg
STREET ADDRESS (If rural, give location) 131 Bend Farm Road

3. NAME OF DECEASED: (Type or Print) (First) WILLIS (Middle) LEE (Last) BOWIE

4. DATE OF DEATH (Month) Nov (Day) 8 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: May 1914
9. AGE last birthday: 39 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Shoe repairman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): King George Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John A. Bowie
14. MOTHER'S MAIDEN NAME: Lola Henderson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) ?
16. SOCIAL SECURITY NO.: ?
17. INFORMANT & ADDRESS: Stanley Bowie Fredericksburg Va.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:
815X
Immediate cause (a) Fracture skull - cervical vertebra
DUE TO
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: minutes

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Crouses Mill Rd.
21c. (City or town) Middleburg (County) Carroll (State) Md
21d. TIME OF INJURY (Month) 11 (Day) 8 (Year) 53 (Hour) 12:30 P.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Collision - Motorcycle and automobile

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☒, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh
M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11/8/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Nov. 12. 53
NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery
LOCATION (City, town, or county) Spotsylvania Co. (State) Va.
DATE REC'D BY LOCAL REG. 11/9/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR E. Myers Jr. Westminster Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5-53

BURLAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10986

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH:

COUNTY Carroll — MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sykesville, Maryland

LENGTH OF STAY (in this place): 15 years

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland D.C. — COUNTY Pr. Georg

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington

STREET ADDRESS (If rural give location): 1532 34th St., N.W.

Transferred from Spring Grove Hosp.

3. NAME OF DECEASED: (Type or Print) (First) Blanche (Middle) (Last) Bubb

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Unk — ?

9. AGE last birthday: 52 yrs.

IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Unk — ——

11. BIRTHPLACE (State or foreign country): Unk — ?

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unk ?

14. MOTHER'S MAIDEN NAME: Unk — ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unk — ——

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490 ?

Immediate cause (a) Lobar pneumonia — Interval Between Onset And Death: 2 weeks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Epilepsy with deterioration — 15 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ——

19b. MAJOR FINDINGS OF OPERATION ——

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ——

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —— (CITY OR TOWN) —— (COUNTY) —— (STATE) ——

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ——

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ——

22. I hereby certify that I attended the deceased from 6-17 ..., 19 41, to 11-19 ..., 19 53, that I last saw the deceased alive on 11-18 ..., 1953, and that death occurred at 10:15 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Springfield State Hospital Sykesville, Md 11-19-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 12/1/53

NAME OF CEMETERY OR CREMATORY (Location (City, town, or county) (State)) Maryland Memorial Park Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR 12-1-53

REGISTRAR'S SIGNATURE L. Avery Elder

24. FUNERAL DIRECTOR ADDRESS

Wm. J. Kenealy 578 W. Belvedere

DEC 7
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

10967

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 82

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45

1. PLACE OF DEATH — COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural--Mt. Airy
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural-Mt. Airy
STREET ADDRESS (If rural, give location): Mt. Olive

3. NAME OF DECEASED (Type or Print): (First) OTTIS (Middle) B. (Last) Buckingham
4. DATE OF DEATH: (Month) Nov (Day) 17 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-13-1870
9. AGE last birthday: 83 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Lloyd S. Buckingham
14. MOTHER'S MAIDEN NAME: Susan Hood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Mrs. Oliver O. Welsh, Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic Heart Disease — Interval Between Onset and Death: Several years

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 15, 1953, to Nov 17, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 6.45 P m., from the causes and on the date stated above.

SIGNATURE: W B Cudwell — (Degree or title) M.D. — ADDRESS: Mt. Airy — DATE SIGNED: 11/18/53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 11-20-1953 — NAME OF CEMETERY OR CREMATORY: Pine Grove — LOCATION (City, town, or county) (State): Carroll Co., Md.

DATE REC'D BY LOCAL REG.: Nov 19 53 — REGISTRAR'S SIGNATURE: Ulmer Snyder

24. FUNERAL DIRECTOR — ADDRESS: C. M. Waltz, Winfield, Md.

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10958

Reg. Dist. No. 7

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A/5

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Sykesville, Md.
LENGTH OF STAY (in this place) MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY City
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore
STREET ADDRESS (If rural give location) 5010 Edgar Terrace

3. NAME OF DECEASED: (Type or Print) (First) FRANCES (Middle) (Last) BUGNO

4. DATE OF DEATH: (Month) 11 (Day) 10 (Year) 1953

5. SEX: fem.

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH: Dec. 31 1883

9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? Poland

13. FATHER'S NAME: ?

14. MOTHER'S MAIDEN NAME: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no

16. SOCIAL SECURITY No.: no

17. INFORMANT & ADDRESS: Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 442X (a) Virus pneumonia superimposed on a pul- — Interval Between Onset And Death: 3 weeks

DUE TO monary congestion

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) hypertensive cardio-vascular disease — 12 yrs

DUE TO

(c) 029X)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Systemic syphilis — 8 yrs

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION -

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) -

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) -

(CITY OR TOWN) (COUNTY) (STATE) -

TIME OF INJURY (Month) (Day) (Year) (Hour) m. -

INJURY OCCURED While at Work ☐ Not While At Work ☐ -

HOW DID INJURY OCCUR? -

22. I hereby certify that I attended the deceased from 9-15 ....,1950, to 11-10 ..., 1953, that I last saw the deceased alive on 11-9, 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE M. Virginia Beyer M.D.
(Degree or title)
ADDRESS
DATE SIGNED 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF NOV 12 1953
NAME OF CEMETERY OR CREMATORY ST STANISLAUS CEM.
LOCATION (City, town, or county) (State) O'DONNELL-DUNDALK AVE MD.

DATE REC'D BY LOCAL REGISTRAR 11-11-53
REGISTRAR'S SIGNATURE L. W. Hendrick
24. FUNERAL DIRECTOR Dippel Bros.
ADDRESS 1800 E LOMBARD ST.

DAMIE...

Film#G159 Item#12 11/30/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

1[illegible]69

Reg. Dist. No. X

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster — LENGTH OF STAY (in this place) 3 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS County Home	STREET ADDRESS (If rural, give location) County Home

3. NAME OF DECEASED (Type or Print)	(First) Thomas	(Middle)	(Last) Carr	4. DATE OF DEATH	(Month) Nov.	(Day) 23	(Year) 1953
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH Nov. 1882	9. AGE last birthday 71 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) idle	10b. KIND OF BUSINESS OR INDUSTRY tramp	11. BIRTHPLACE (State or foreign country) Asia ✓	12. CITIZEN OF WHAT COUNTRY? Ireland				
13. FATHER'S NAME ----------		14. MOTHER'S MAIDEN NAME ----------					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS County Home Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral hemorrage — 1 hr

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis — 3 years (P)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. no

19a. DATE OF OPERATION X	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify) X	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) X	(CITY OR TOWN) X (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) X m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? X

22. I hereby certify that I attended the deceased from ....., 1950, to 11-23, 1953, that I last saw the deceased alive on 11-23, 1953, and that death occurred at 11 30 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. C. Hine	M.D.	Westminster	11-23-53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Nov.23,1953	County Home Cemetery	nr Westminster Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
11/23/53	[illegible]	John R. Byers	Westminster, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Littlestown Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Westminster - Rural
STREET ADDRESS (If rural, give location) R1

3. NAME OF DECEASED: (Type or Print) (First) RICHARD (Middle) ROLAND (Last) CLICK
4. DATE OF DEATH (Month) Nov (Day) 24 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 15, 1921
9. AGE last birthday: 32 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Carpenter's Helper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Earl Click
14. MOTHER'S MAIDEN NAME: Mary Eckenrode

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Yes (If Yes, give war or dates of service) WWII
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Earl Click RD 2, Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 976X

Immediate cause (a) Gunshot wound of head — INTERVAL BETWEEN ONSET AND DEATH —

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Off Littlestown Rd
21c. (City or town) Westminster (County) Carroll (State) Md

21d. TIME OF INJURY (Month) Nov (Day) 24 (Year) 53 (Hour) 6 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Gunshot wound head

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☒
DATE SIGNED 11/24/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF 11-27-1953
NAME OF CEMETERY OR CREMATORY National Cemetery
LOCATION (City, town, or county) Balto. Md. (State)

DATE REC'D BY LOCAL REG. 11/24/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR J. E. Eline Reisterstown
ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible]A-5-53

BUREAU V. C.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 83

1. PLACE OF DEATH: COUNTY Carroll; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Woodbine; LENGTH OF STAY (In this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural--Woodbine; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) THEODORE (Middle) (Last) CONAWAY

4. DATE OF DEATH: (Month) Nov. (Day) 24, (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3-10-1907

9. AGE last birthday: 46 yrs. If under 1 year: Months, Days; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: farming

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Walter Conaway

14. MOTHER'S MAIDEN NAME: Muriel Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Russell Conaway, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acidosis — Interval Between Onset and Death: 6 da.

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Malnutrition — Stroke

(c) Parkinsonian Disease - (Spastic)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19....., to Nov. 25, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 2:15 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley Grabill M.D. Mt Airy. Md 11/26/53

23. BURIAL / CREMATION / REMOVAL (Specify): BURIAL

DATE: 11-28-1953

NAME OF CEMETERY OR CREMATORY: Winfield Church of God

LOCATION (City, town, or county) (State): Carroll Co., Maryland

DATE REC'D BY LOCAL REG.: 11-27-1953

REGISTRAR'S SIGNATURE: Edna M. Hirtt

24. FUNERAL DIRECTOR ADDRESS: C. M. Waltz, Winfield, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
DEC 7 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10972

CERTIFICATE OF DEATH

Reg. Dist. No. 23

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115-1

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woods Mills
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Woods Mills
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) ALICE (Middle) MAE (Last) DEWELL

4. DATE OF DEATH: (Month) 11 (Day) 5 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: 4-27-1913

9. AGE last birthday: 40 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: in factory Paint factory

11. BIRTHPLACE (State or foreign country): Baltimore Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John PITTON

14. MOTHER'S MAIDEN NAME: ANNA E THOMPSON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY NO.: Unk

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

170X
Immediate cause (a) Carcinoma of breast (bilateral) DUE TO — Interval Between Onset And Death: about 2 yrs

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) Uremia and Urinary infection secondary DUE TO
(c) to pyelitis due to Spinal metastasis.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: September 52

19b. MAJOR FINDINGS OF OPERATION: Bilateral Carcinoma of Breast

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-10, 1952, to 11-5, 1953, that I last saw the deceased alive on 11-5, 1953, and that death occurred at 10.40 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Bertram R Yaw M.D. SYKESVILLE Md. 11-5-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-8-53
NAME OF CEMETERY OR CREMATORY Wesley Freedom
LOCATION (City, town, or county) (State) Mt Airy, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 6, 1953
REGISTRAR'S SIGNATURE Rina M. Hull
24. FUNERAL DIRECTOR Wm. J. Knight & Son
ADDRESS Mt Airy, Md.
Clothes to Accompany

BUREAU V. S.

73

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY CARROLL | WESTMINSTER MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS WILLIS & CENTER, ST.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY CARROLL
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN WESTMINSTER MD R.D.7
STREET ADDRESS (If rural, give location) WESTMINSTER MD. R.D. 7.

3. NAME OF DECEASED (Type or Print) (First) TRUMAN (Middle) I (Last) DICKENSHEET
4. DATE OF DEATH (Month) NOV. (Day) 29 (Year) 1953

5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) SINGLE
8. DATE OF BIRTH MARCH 20
9. AGE last birthday 61 yrs. | If under 1 year Months | Days | If under 24 hrs. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MALE NURSE
10b. KIND OF BUSINESS OR INDUSTRY HOME
11. BIRTHPLACE (State or foreign country) Carroll Co. US
12. CITIZEN OF WHAT COUNTRY? U.S.A. Carroll

13. FATHER'S NAME Fredrick DICKENSHEET
14. MOTHER'S MAIDEN NAME Mary Lambert Dickensheet

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 213-24-9129
17. INFORMANT AND ADDRESS Miss Sarah V. Dickensheet

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

420.1

Immediate cause (a) Coronary artery disease — about 6 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerosis — about 2 years

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Nov. 15, 1951, to Nov. 29th, 1953 that I last saw the deceased alive on Nov. 28th, 1953, and that death occurred at 10:30 P.m., from the causes and on the date stated above.

SIGNATURE J. Billingslea (Degree or title) M.D. ADDRESS Westminster, Md. DATE SIGNED 11-30-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF DEC. 7
NAME OF CEMETERY OR CREMATORY MEADOW BRANCH
LOCATION (City, town, or county) (State) WESTMINSTER-MD. R.D. 7 CARROLL CO.
DATE REC'D BY LOCAL REG. 11/30/53
REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR J. W. LITTLE & SON LITTLESTOWN, PA.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
DEC 4 19..
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10974

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville, Maryland
LENGTH OF STAY (in this place) 4 yrs 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montgomery
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs, Md.
STREET ADDRESS (If rural give location) 11801 Georgia Avenue

3. NAME OF DECEASED: (Type or Print) (First) Rhoda (Middle) Adella (Last) Dickinson
4. DATE OF DEATH: (Month) 11 (Day) 9 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 1-29-1883
9. AGE last birthday: 70 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Milliner
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Mondicai Gosnell Cross
14. MOTHER'S MAIDEN NAME: Laura Jane McKelney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) --
16. SOCIAL SECURITY No.: Unk.
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
334X Immediate cause	(a)	Bronchopneumonia	1 week
	DUE TO		
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	(b)	Infarct	?
	DUE TO		
	(c)	Psychosis with cerebral arteriosclerosis	6 yrs.

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 4-4-, 1949, to 11-9-, 1953, that I last saw the deceased alive on 11-9-, 1953, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

SIGNATURE M.N. Mastin, M.D. (Degree or title) M N Mastin M D
ADDRESS Springfield State Hosp. - Sykesville, Md.
DATE SIGNED 11-9-53

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 11-13-53
NAME OF CEMETERY OR CREMATORY Cedar Hill
LOCATION (City, town, or county) (State) Wash. D.C.

DATE REC'D BY LOCAL REGISTRAR Nov. 10, 1953
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR Warner C. Kimpfrey - Silver Springs Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 75

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
LENGTH OF STAY (in this place) 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Long View Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Manchester
STREET ADDRESS (If rural, give location) 216 S Main St

3. NAME OF DECEASED (Type or Print) (First) J. (Middle) Daniel (Last) Dienst

4. DATE OF DEATH (Month) 11 (Day) 8 (Year) 1953

5. SEX male

6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH 10-3-69

9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired none Carpenter

10b. KIND OF BUSINESS OR INDUSTRY —

11. BIRTHPLACE (State or foreign country) Carroll Co Md

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME John Dienst

14. MOTHER'S MAIDEN NAME Mary Bowman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Chas W Dienst 126 S Main St Manchester Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	1 wk
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 yrs
	(c) Arteriosclerosis	2 yrs

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/24, 1947, to Nov 8, 1953, that I last saw the deceased alive on Nov 8, 1953, and that death occurred at 2:20 p m., from the causes and on the date stated above.

SIGNATURE W H Foard (Degree or title) M.D ADDRESS Manchester, Md DATE SIGNED 11/9/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 11-11-53 NAME OF CEMETERY OR CREMATORY Greenmount Cem LOCATION (City, town, or county) Greenmount, Carroll Co Md (State)

DATE REC'D BY LOCAL REG. Nov. 9/53 REGISTRAR'S SIGNATURE Mrs. W R L Denner

24. FUNERAL DIRECTOR A B Wink ADDRESS Manchester Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

RECEIVED
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 076

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 1 month 3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 0001.4
STREET ADDRESS (If rural give location) 1946 W. Lexington Street

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) DUNLAP
4. DATE OF DEATH: (Month) November (Day) 22, (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: April 1, 1895
9. AGE last birthday: 58 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Consolidated Engineer Co.
11. BIRTHPLACE (State or foreign country): Lancaster, S. C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Alex Dunlap
14. MOTHER'S MAIDEN NAME: Alice Israel
15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-24-8373
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002 X

Immediate cause (a) Far adv. bilat., pul. tbc.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

Interval Between Onset And Death about 9 months Mar., 1953

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour)
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 19, 1953, to Nov. 22, 1953, that I last saw the deceased alive on Nov. 22, 1953, and that death occurred at 3:40 A. M., from the causes and on the date stated above.

SIGNATURE T. F. Vestal, M. D. (Degree or title) ADDRESS Henryton, Maryland DATE SIGNED 11-22-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF Nov 25. NAME OF CEMETERY OR CREMATORY Mt Auburn LOCATION (City, town, or county) Baltimore Md (State)

DATE REC'D BY LOCAL REGISTRAR 11-22-53 REGISTRAR'S SIGNATURE Albert R. Swankham

24. FUNERAL DIRECTOR A. Halstead 918 ADDRESS Dundalk Ave

Deputy Local

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

16977

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 2 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Grimes Convl. Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) JOHN (Middle) A (Last) EBURG
4. DATE OF DEATH (Month) Nov (Day) 16 (Year) 1953

5. SEX Male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widower
8. DATE OF BIRTH Feb 20-1874
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired owner
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Henry Eburg
14. MOTHER'S MAIDEN NAME Mary Sinkel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT Morris Eburg - Hampstead Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			INTERVAL BETWEEN ONSET AND DEATH
331X	Immediate cause	(a) Coronary Thrombosis	1/2 hr
	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral Hemorrhage	5 yrs
		(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1953 to Nov 16, 1953, that I last saw the deceased alive on Nov 5, 1953, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

SIGNATURE W. H. Foard (Degree or title) M.D. ADDRESS Manchester, Md DATE SIGNED 11/17/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov 19-53
NAME OF CEMETERY OR CREMATORY Greenmount
LOCATION (City, town, or county) Carroll Co (State) Md

DATE REC'D BY LOCAL REG. Nov 17-1953 11/21/53
REGISTRAR'S SIGNATURE ~~Henry Dent~~ L K Woodward
24. FUNERAL DIRECTOR Edw C Tipton ADDRESS Hampstead Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

1

V 415

RECEIVED

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 26

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Westminster
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Klee Mill Rd

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) T. (Last) Edmondson

4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1953

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 4-12-1881
9. AGE last birthday: 72 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John T. Edmondson
14. MOTHER'S MAIDEN NAME: Nancy Jane Parrish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT ■ ADDRESS: Martha E. Edmondson, Westminster Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.2

Immediate cause (a) Myocarditis - Chronic + decompensating — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

DUE TO (b) Hypotension + arteriosclerosis — years

DUE TO (c) Emphysema (marked) — years

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. asthma

19a. DATE OF OPERATION: ✓
19b. MAJOR FINDINGS OF OPERATION: ✓
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ✓
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ✓
(CITY OR TOWN) ✓ (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. ✓
INJURY OCCURRED While at work ☐ Not while at work ☐ ✓
HOW DID INJURY OCCUR? ✓

22. I hereby certify that I attended the deceased from 1-1-44, to 11-8-1953, that I last saw the deceased alive on 11-6-1953, and that death occurred at 6½ m., from the causes and on the date stated above.

SIGNATURE James L. Siffell (DEGREE OR TITLE) M.D. ADDRESS Reisterstown Md DATE SIGNED 11-8-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 11-10-1953 NAME OF CEMETERY OR CREMATORY Mt. Pleasant LOCATION (City, town, or county) Carroll Co. (State) Md.

DATE REC'D BY LOCAL REG. 11/9/53 REGISTRAR'S SIGNATURE [signature]
24. FUNERAL DIRECTOR C. M. Waltz, Winfield ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

NOV 1
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10379

CERTIFICATE OF DEATH

Reg. Dist. No. 80

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
LENGTH OF STAY (in this place) Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New Windsor
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) MARGARET (Middle) (Last) ENGEL

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 1953

5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) single
8. DATE OF BIRTH: 6/26/1862
9. AGE last birthday: 91 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Peter Engel
14. MOTHER'S MAIDEN NAME: Mary Cassell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: none
17. INFORMANT & ADDRESS: C. E. Engel, Wheaton Bridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 X

Immediate cause (a) Cerebral softening — Interval Between Onset And Death: 4 mos.

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) arteriosclerosis — 1 yr

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1949, to Nov 24, 1953 that I last saw the deceased alive on Nov 20, 1953, and that death occurred at 7:30 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Reese Wilkens M. ADDRESS Westminster DATE SIGNED 11/25/53

23. BURIAL, CREMATION, REMOVAL (Specify) Cremed
DATE THEREOF 11/26/53
NAME OF CEMETERY OR CREMATORY Russell Crem
LOCATION (City, town, or county) Carroll County (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov 23/53
REGISTRAR'S SIGNATURE Gracie G. Benedict
24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS New Windsor, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 215

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13980

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Jonas (Middle) Thomas (Last) Fatal

4. DATE OF DEATH: (Month) Nov. (Day) 27 (Year) 1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Married	May 4 1881	72 yrs.		

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Engineer	B. & O. R. R.	Md.	U.S.A.

13. FATHER'S NAME: Jacob M. Fatal

14. MOTHER'S MAIDEN NAME: Susan E. Fahey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)	(If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
No	—	705-07-9458	Mrs. Susie E. Fringer - Westminster, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) arteriosclerotic cardiovascular disease — 2

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) senility

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURED While at Work ☐ Not While At Work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 1945, 19..., to 27 Nov., 1953, that I last saw the deceased alive on 27 Nov., 1953, and that death occurred at 5:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
C. H. Stewart M.D. — Liberty Prod. Sykesville P.O. Md. — 11/27/53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	11-29-53	Meadow Branch	Westminster Md.

DATE REC'D BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov. 28, 1953	C. Harry Eline	Fuss & Haugh - Westminster, Md.	

per Peter N. Haugh

VSA 2158

DEC 1 1
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10981

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 415

1 PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town) Henryton
LENGTH OF STAY (In this place) 1yr.2mos.15 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Charles
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) La Plata
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) JENNIE (Middle) MATILDA (Last) GANTT

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: Aug., 14,1876

9. AGE last birthday: 77 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Priv. family

11. BIRTHPLACE (State or foreign country): Charles Co. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Madison Mason

14. MOTHER'S MAIDEN NAME: Jane Myers

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far advanced bilateral cavitary tuberculosis

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b)

DUE TO

(c)

Interval Between Onset And Death: about 4 yrs. 1949

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept.11,1952, to Nov.26, 1953, that I last saw the deceased alive on Nov.26, 1953, and that death occurred at 8: A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) T.H. Vestal M.D

ADDRESS Henryton, Maryland

DATE SIGNED 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11-30-53

NAME OF CEMETERY OR CREMATORY Sacred Heart

LOCATION (City, town, or county) La Plata, Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-26-53

REGISTRAR'S SIGNATURE Albert R. Swanborn Deputy Local

24. FUNERAL DIRECTOR Arendt Funeral Home - Waldorf, Md.

ADDRESS

RECEIVED
DEC 1 1952
BUREAU V. S.

10982

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carrol MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 3 yrs, 2 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Baltimore
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 12
STREET ADDRESS (If rural give location) 6507 Beverly Rd.

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth Anna (Middle) (Last) Gerber
4. DATE OF DEATH: 11 (Month) 11- (Day) 22- (Year) 1953

5. SEX: Fem
6. COLOR OR RACE: Wh.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH: 1889
9. AGE last birthday: 64 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Unk -
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Frank Gerber
14. MOTHER'S MAIDEN NAME: Anna Reinbold

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: Unk -
17. INFORMANT & ADDRESS: Mrs. John La Motte Kennard 6507 Beverly Rd.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH (Decomp. Chr. Asc. C.V.D.)
422.1
Immediate cause (a) Complete Heart Failure
DUE TO
Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Subac. Glomerulonephritis
DUE TO
(c)

Interval Between Onset And Death: 3 y or more; 4 weeks

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Schzophrenia - Paranoid — 18 y

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes X yes No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 15, 1950 to 11/22, 1953, that I last saw the deceased alive on 11/21, 1953, and that death occurred at 4 PM., from the causes and on the date stated above.

SIGNATURE (Degree or title) Gertrud Sonnenfeldt M.D.
ADDRESS Springfield State Hospital
DATE SIGNED 11/22. 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-25-53
NAME OF CEMETERY OR CREMATORY Maryland Park
LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 23, 1953
REGISTRAR'S SIGNATURE C. Harry Weir
24. FUNERAL DIRECTOR Wm Cook, Inc. - 1217 St Paul St. Balto.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
NOV 25 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]683

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 10/27/42
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City — Co. [illegible]
STREET ADDRESS (If rural give location) 325 S. Chester Street

3. NAME OF DECEASED: (Type or Print) (First) Sigmund (Middle) --- (Last) GIZINSKI

4. DATE OF DEATH: (Month) November (Day) 4 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower

8. DATE OF BIRTH: unknown

9. AGE last birthday: 71 ? yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Janitor

10b. KIND OF BUSINESS OR INDUSTRY: Hosp.

11. BIRTHPLACE (State or foreign country): unknown

12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 204.0 (a) Lymphatic leukemia — Interval Between Onset And Death: more than 6 wks.

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 11 yrs.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE — (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —

(CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐ —

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Sept. 1, 1947, to Nov. 4, 1953, that I last saw the deceased alive on Nov. 4, 1953, and that death occurred at 7:15 P.M., from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) — ADDRESS Sykesville, Md. — DATE SIGNED 11/5/53

23. BURIAL, CREMATION, REMOVAL (Specify) Removal — DATE THEREOF 11/6/53 — NAME OF CEMETERY OR CREMATORY University Med School — LOCATION (City, town, or county) Balto City (State) Md

DATE RECD BY LOCAL REGISTRAR Nov. 6, 1953 — REGISTRAR'S SIGNATURE C. Harry Weis — FUNERAL DIRECTOR Frances A Hemsley — ADDRESS Balto. Md.

BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10984 16

CERTIFICATE OF DEATH

Reg. Dist. No. 33

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 6727 Reisterstown Road

3. NAME OF DECEASED: (Type or Print) (First) Lillie (Middle) Jennie (Last) Gompf

4. DATE OF DEATH: (Month) Nov. (Day) 15, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 14, 1874

9. AGE last birthday: 78 yrs. — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS: Hours, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore County

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: August Hartman

14. MOTHER'S MAIDEN NAME: Lena Orhman

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Mrs. Elmer Schaefer, Owings Mills, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 4 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arteriosclerotic C.V. Disease — 6 mo.

DUE TO

(c) 260X

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1953, to Nov. 14, 1953, that I last saw the deceased alive on 11/14, 1953, and that death occurred at ..... , from the causes and on the date stated above.

SIGNATURE: Martin E. Strobel — (Degree or title) M.D. — ADDRESS: Reisterstown Md. — DATE SIGNED: 11/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 18, 1953 — NAME OF CEMETERY OR CREMATORY: Druid Ridge — LOCATION (City, town, or county) (State): Pikesville, Md.

DATE REC'D BY LOCAL REGISTRAR: 11-17-53 — REGISTRAR'S SIGNATURE: Thos. B. Elseroad — Dr. L. H. Woodward mnk

24. FUNERAL DIRECTOR: J.F. Eline & Sons, Reisterstown, Md. — ADDRESS

VS.

RECEIVED
NOV 18 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10985

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 13 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Pr. Geo.
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Clinton
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) AGNES (Middle) ELIZABETH (Last) GREEN

4. DATE OF DEATH: (Month) November (Day) 15, (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 4-22-1908
9. AGE last birthday: 45 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Maid
10b. KIND OF BUSINESS OR INDUSTRY: Private Family
11. BIRTHPLACE (State or foreign country): Piscatoway, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Samuel Dent
14. MOTHER'S MAIDEN NAME: Annie Butler

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Deceased

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death: July, 1951

0(2)

Immediate cause (a) Moderately adv. bilat. pulmonary Ts.
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) TB of lumbar spine & right hip.
DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 1953, to Nov. 15, 1953, that I last saw the deceased alive on Nov. 15 1953, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) T. F. Vestal M.D.
ADDRESS Henryton, Md.
DATE SIGNED 11-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-17-53
NAME OF CEMETERY OR CREMATORY Clinton Md
LOCATION (City, town, or county) (State) Clinton Md.

DATE REC'D BY LOCAL REGISTRAR 11-15-53
REGISTRAR'S SIGNATURE Albert R. Swankham Deputy Local

24. FUNERAL DIRECTOR John T Rhines & Co
ADDRESS 901 - 3rd St. S.W. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The [illegible] age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 16986

CERTIFICATE OF DEATH

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A16-1

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
STREET ADDRESS (If rural give location) Route #1

3. NAME OF DECEASED: (Type or Print) (First) Rebecca (Middle) Kate (Last) Harman

4. DATE OF DEATH: (Month) November (Day) 13, (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: August 4, 1863

9. AGE Last birthday: 90 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housework

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis P. Shriver

14. MOTHER'S MAIDEN NAME: Rebecca Rowe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Mr. William L. Harman, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X
Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset And Death: 14 days

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 31, 1953, to Nov. 13th, 1953, that I last saw the deceased alive on Nov. 12th, 1953, and that death occurred at 5 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. M. Benner M.D. — ADDRESS Taneytown Maryland — DATE SIGNED Nov. 14th 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11/16/53 — NAME OF CEMETERY OR CREMATORY Lutheran Cemetery — LOCATION (City, town, or county) (State) Taneytown, Maryland

DATE REC'D BY LOCAL REGISTRAR Nov 16, 1953 — REGISTRAR'S SIGNATURE Ethel M Mahring — **24. FUNERAL DIRECTOR** — ADDRESS C.O. Fuss & Son, Taneytown, Maryland

1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 1987

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 82

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural--Mt. Airy
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Frederick
CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Rural-- Mt. Airy
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) ERNEST (Middle) F. (Last) HARNE, SR.
4. DATE OF DEATH (Month) Nov. (Day) 1, (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH: 9-5-1894
9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired) Farm owner
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Benjamin F. Harne
14. MOTHER'S MAIDEN NAME: Lavenia E. Holt
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) W.W. 1
16. SOCIAL SECURITY No.: 215-20-9924
17. INFORMANT & ADDRESS: Mrs. Eva E. Harne, R.D. Mt. Airy, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☒ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route 40 -
21c. (City or town) Mt Mt Airy (County) Carroll (State) Md
21d. TIME OF INJURY (Month) Nov (Day) 1 (Year) 1953 (Hour) 4 A.M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☒
21f. HOW DID INJURY OCCUR? Piped exhaust from automobile into car

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☐, Accident ☐, Suicide ☒, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Marsh M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED Nov. 1-1953

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE THEREOF 11-3-1953
NAME OF CEMETERY ~~OR CREMATORY~~ Pleasant Hill Brethren
LOCATION (City, town, or county) Frederick Co., Md. (State)
DATE REC'D BY LOCAL REG. Nov. 2
REGISTRAR'S SIGNATURE W D Snyder
24. FUNERAL DIRECTOR C. M. Waltz, Winfield, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. [illegible] 5-53

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 10288 94

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) 1 yr. 7 mos. 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 24, Md. 00
STREET ADDRESS (If rural give location) 6609 Danville Ave.

3. NAME OF DECEASED: (Type or Print) (First) John (Middle) Leonard (Last) Harrer

4. DATE OF DEATH: (Month) 11 (Day) 20 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widower
8. DATE OF BIRTH: 6-6-85
9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY: Pasteurizer
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Harrer
14. MOTHER'S MAIDEN NAME: Bertha Geotzinger

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Records, Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1 Immediate cause (a) Acute myocardial infarction and old — Interval Between Onset And Death: Minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1952, to 11-20-, 1953, that I last saw the deceased alive on 11-20-1953, and that death occurred at 3:05 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) Irene L. Wohlgemen, M.D. ADDRESS Springfield State Hospital, DATE SIGNED 11-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 24-53
NAME OF CEMETERY OR CREMATORY Balto. Cem.
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR 11-23-53
REGISTRAR'S SIGNATURE A V Hedrick
24. FUNERAL DIRECTOR John A. Miller ADDRESS 2334 Jefferson St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 81

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND Md
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge RFD 1
LENGTH OF STAY (in this place) 8 yr
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Union Bridge RFD 1
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Abraham (Middle) — (Last) Hickey

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 19 1953

5. SEX: M
6. COLOR OR RACE: Gp
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Balcerton 1869
9. AGE last birthday: 84 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Russell Co Va
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Mathew Hickey
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Marvin Robert Hickey Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 4222
Immediate cause (a) Chronic myocarditis
DUE TO
Antecedent cause(s) (b) Anemia
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 11, 1953, to 11-18, 1953, that I last saw the deceased alive on Nov 17, 1953, and that death occurred at 9 A.m., from the causes and on the date stated above.

SIGNATURE J. H. Legg (DEGREE OR TITLE) M D ADDRESS Union Bridge Md DATE SIGNED 11-18-53

23. ~~PLACE~~, CREMATION REMOVAL (Specify): Burial
DATE THEREOF 11-20-53
NAME OF CEMETERY OR CREMATORY Pipe Creek Cemetery
LOCATION (City, town, or county) Near Uniontown (State) Md

DATE REC'D BY LOCAL REG. Nov. 20, 1953
REGISTRAR'S SIGNATURE Leslie L. Repp
24. FUNERAL DIRECTOR Raymond K Wright, Union Bridge Md.
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16 8-51

RECEIVED
NOV 23 1953
BUREAU V. S.

Film#G159 Item # 9 11/18/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10090

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 1yr 1mo. 8days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Baltimore 4
STREET ADDRESS (If rural give location) 1130 N. Carey Street

3. NAME OF DECEASED: (Type or Print) (First) INEZ (Middle) EDITH (Last) INGRAM
4. DATE OF DEATH: (Month) November (Day) 3 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced
8. DATE OF BIRTH: July 23, 1922
9. AGE last birthday: 31 36 yrs. IF UNDER 1 YEAR Months 3 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Domestic
10b. KIND OF BUSINESS OR INDUSTRY: Private Family
11. BIRTHPLACE (State or foreign country): Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lynch Hubbard
14. MOTHER'S MAIDEN NAME: Emma Bennett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: 217-24-6214
17. INFORMANT & ADDRESS: Rev. Anna Williams--1130 N. Carey Street

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Far advanced bilateral pulmonary Tuberculosis
DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: The year of 1946

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1, 19 52, to Nov. 3, 19 53, that I last saw the deceased alive on Nov. 3, 1953 and that death occurred at 8:00 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) T F Vestal, M.D. ADDRESS Henryton, Maryland DATE SIGNED 11-3-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF 11-6-53 NAME OF CEMETERY OR CREMATORY Mt Auburn LOCATION (City, town, or county) Baltimore (State)
DATE REC'D BY LOCAL REGISTRAR 11-3-53 REGISTRAR'S SIGNATURE Albert R. Swankham
24. FUNERAL DIRECTOR Geo. G. Kelson. ADDRESS 1203 Preston St.

Local Deputy

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]991

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville
LENGTH OF STAY (in this place) since 1/2/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) --- Work -
STREET ADDRESS (If rural give location) ---

3. NAME OF DECEASED: (Type or Print) (First) Alfred (Middle) - (Last) JENKINS
4. DATE OF DEATH: (Month) Nov. (Day) 15 (Year) 1953
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widower
8. DATE OF BIRTH: Dec. 2, 1870
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Brakeman on Penna. Railroad
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? United States
13. FATHER'S NAME: Robert M. Jenkins
14. MOTHER'S MAIDEN NAME: Emily E. Jenkins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---
16. SOCIAL SECURITY No.: unknown
17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

447 X

Immediate cause (a) Bronchopneumonia — Interval Between Onset And Death: 2½ wks

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Hypertensive arteriosclerosis — ?

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile brain disease with psychotic reaction more than 3yrs

19a. DATE OF OPERATION: ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) --- m.
INJURY OCCURED --- While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Apr. 23, 1953, to Nov. 15, 1953, that I last saw the deceased alive on Nov. 15, 1953, and that death occurred at 6:20 pm, from the causes and on the date stated above.

SIGNATURE Martin Gross, M.D. (Degree or title) Martin Gross, M.D. ADDRESS Sykesville, Md. DATE SIGNED 11-15-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-19-53
NAME OF CEMETERY OR CREMATORY Parkwood
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 16, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR H. F. Burgee - 3631 Falls Rd. - Balto. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 10 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10392

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville
LENGTH OF STAY (in this place) since Dec. 5, 1928
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Montg.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Kensington
STREET ADDRESS (If rural give location) ---

3. NAME OF DECEASED: (Type or Print) (First) Ralph (Middle) I. (Last) KENGLA

4. DATE OF DEATH: (Month) Nov. (Day) 29 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: July 11, 1909

9. AGE last birthday: 44 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Soda water clerk

10b. KIND OF BUSINESS OR INDUSTRY: --- Soda -

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Charles E. Kengla

14. MOTHER'S MAIDEN NAME: Charlotte Hazel

15 WAS DECEASED EVER IN U.S ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records - Springfield State Hospital

18. MEDICAL CERTIFICATION

I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

331X

Immediate cause (a) Cerebral henorrhage — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) DUE TO

(c)

II OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. schizophrenia — 25 yrs

19a. DATE OF OPERATION: 0 ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE --- (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) --- (CITY OR TOWN) --- (COUNTY) (STATE)

TIME OF INJURY (Month) --- (Day) --- (Year) --- (Hour) --- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Spt. 1, 19 47, to Nov. 29, 19 53, that I last saw the deceased alive on Nov. 29, 1953, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M.D. — ADDRESS Sykesville, Maryland — DATE SIGNED 11-29-53

23. BURIAL, CREMATION, REMOVAL, (Specify) — DATE THEREOF — NAME OF CEMETERY OR CREMATORY — LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 29, 1953 — REGISTRAR'S SIGNATURE C. Harry Weber

24. FUNERAL DIRECTOR — ADDRESS

VS. A15 - 1

RECEIVED
DEC 1 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10093

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md.
LENGTH OF STAY (In this place) 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) 5762 Maple Hill Road

3. NAME OF DECEASED: (Type or Print) (First) Janet (Middle) Jack (Last) King

4. DATE OF DEATH: (Month) 11 (Day) 26 (Year) 1953

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single
8. DATE OF BIRTH: Unknown
9. AGE last birthday: Approx. 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Statistician
10b. KIND OF BUSINESS OR INDUSTRY: Gen -
11. BIRTHPLACE (State or foreign country): Raleigh, North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John King
14. MOTHER'S MAIDEN NAME: Janet J. Greig

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ----
16. SOCIAL SECURITY No.: Unknown
17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

334X Immediate cause (a) congestive heart failure — Interval Between Onset And Death: months

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) generalized arteriosclerosis — years

DUE TO (c) cerebral arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral arteriosclerosis with psychosis

19a. DATE OF OPERATION: ------
19b. MAJOR FINDINGS OF OPERATION ------
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) ----
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ------
(CITY OR TOWN) (COUNTY) (STATE) ------
TIME OF INJURY (Month) (Day) (Year) (Hour) ------ m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ------

22. I hereby certify that I attended the deceased from 6-30, 1953, to 11-26, 1953, that I last saw the deceased alive on 11-26, 1953, and that death occurred at 11-26-53 7:55 P.M. from the causes and on the date stated above.

SIGNATURE LUBIZKA (Degree or title) ADDRESS DATE SIGNED
A. Lubizka M.D. Springfield State Hosp., Sykesville, Md. 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-30-53
NAME OF CEMETERY OR CREMATORY Loudon Park
LOCATION (City, town, or county) (State) Balto. Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 27, 1953
REGISTRAR'S SIGNATURE C. Harry Weer
24. FUNERAL DIRECTOR Leonard J. Rush ADDRESS 5305 Harford Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Md.
LENGTH OF STAY (in this place) 17 mo. 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Mont.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Boyds, Maryland
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Myrtle (Middle) Elizabeth (Last) Kingsbury

4. DATE OF DEATH: (Month) 11 (Day) 11 (Year) 1953

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-25-91

9. AGE last birthday: 62 yrs. — If under 1 year: Months — Days — If under 24 hrs: Hours — Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: House-wife

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George M. Walter

14. MOTHER'S MAIDEN NAME: Charlotte Reed

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No — (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Husband- Mr. Ambrose C. Kingsbury, Boyds, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

3314

Immediate cause (a) DUE TO: Cerebral hemorrhage — Interval Between Onset And Death: 2 weeks

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO: General arteriosclerosis — 7 yrs.

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0000 — 19b. MAJOR FINDINGS OF OPERATION: ------

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ------ — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ----- — (CITY OR TOWN) ----- (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ----- m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR? -----

22. I hereby certify that I attended the deceased from 8-18- ,1953 , to 11-11- , 1953, that I last saw the deceased alive on 11-11- , 1953 and that death occurred at 9:55 am , from the causes and on the date stated above.

SIGNATURE M. N. Mastin (Degree or title) M.D. ADDRESS Sykesville, Md. DATE SIGNED 11-12-53

M N Mastin M D

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov 16-53 — NAME OF CEMETERY OR CREMATORY St Mary's — LOCATION (City, town, or county) (State) Barnesville, Md

DATE REC'D BY LOCAL REGISTRAR Nov. 13, 1953 — REGISTRAR'S SIGNATURE C. Henry Lloyd — 24. FUNERAL DIRECTOR Wallace B. Hilton — ADDRESS Barnesville Md

RECEIVED
NOV 19 1953
BUREAU V.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist. 05

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 74

1. PLACE OF DEATH:

COUNTY Carroll MARYLAND

CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Sykesville Md

LENGTH OF STAY (in this place) Hours.

HOSPITAL OR INSTITUTION OR STREET ADDRESS Route 26 - Wetzel's Snack Bar

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY

CITY OR TOWN (If outside corporate limits write RURAL and give nearest town) Baltimore 22

STREET ADDRESS (If rural, give location) 72 Kinship Road

3. NAME OF DECEASED: (Type or Print) (First) IRA (Middle) BENJAMIN (Last) LAMBERT

4. DATE OF DEATH (Month) 11 (Day) 1 (Year) 1953

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: Nov 25-1884

9. AGE last birthday: 68 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Superintendent

10b. KIND OF BUSINESS OR INDUSTRY: Md. Slag Co.

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Lambert

14. MOTHER'S MAIDEN NAME: Mary Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —

16. SOCIAL SECURITY No.: 212-09-4314

17. INFORMANT & ADDRESS: Della S. Lambert - Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertensive C-V disease c̄ Coronary Insufficiency — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDING OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,

21c. (City or town) (County) (State)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.

21e. INJURY OCCURRED While at work ☐ Not while at work ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Marsh M. D.

CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐

DATE SIGNED 11-1-53

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF 11-6-53

NAME OF CEMETERY OR CREMATORY WOODLAND

LOCATION (City, town, or county) (State) IRONTON, OHIO

DATE REC'D BY LOCAL REG. Nov. 2, 1953

REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR [illegible] ADDRESS [illegible]

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5A-5-53

RECEIVED
NOV
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10996

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

I

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) MARYLAND since 7/22/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY ---
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 4529 Northwood Drive

3. NAME OF DECEASED: (Type or Print) (First) Joseph (Middle) - (Last) LUETTE

4. DATE OF DEATH: (Month) November (Day) 2 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 1/10/64

9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR: Months - Days - IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired grocer

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: Erikus Luette

14. MOTHER'S MAIDEN NAME: Elizabeth Stein

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 420.0 (a) Bronchopneumonia — Interval Between Onset And Death: 1 day

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerotic heart disease. — more than 1 yr.

DUE TO

(c) ---

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome associated with circulatory disturbance with cerebral arteriosclerosis, with psychotic reaction. — more than 1 yr.

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ---

INJURY OCCURED While at Work ☐ Not While At Work ☐ ---

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Sept. 26 1953, to Nov. 2nd, 1953, that I last saw the deceased alive on Nov. 2, 1953, and that death occurred at 7:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M. D. M. D.

ADDRESS Sykesville, Maryland

DATE SIGNED 11/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Buried

DATE THEREOF 11-5-53

NAME OF CEMETERY OR CREMATORY Parkwood

LOCATION (City, town, or county) (State) Baltimore, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 3, 1953

REGISTRAR'S SIGNATURE C. Henry Zies

24. FUNERAL DIRECTOR H. Sanderson - Hall & Broadway - Balto.

ADDRESS

RECEIVED
NOV
BUREAU V. S

10997

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster
LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R 6 Smallwood

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster
STREET ADDRESS (If rural, give location): R 6 Smallwood

3. NAME OF DECEASED (Type or Print): (First) Frank Frederick (Middle) (Last) Magin

4. DATE OF DEATH: (Month) Nov. (Day) 9 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June, 29, 1896

9. AGE last birthday: 57 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Magin

14. MOTHER'S MAIDEN NAME: Katherine Niner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ------

16. SOCIAL SECURITY NO.: ----------

17. INFORMANT AND ADDRESS: Mrs. Frank F. Magin Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

593X **Immediate cause** (a) Myocarditis (death) — Interval Between Onset and Death: 1/2 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1930, to Nov 9, 1953, that I last saw the deceased alive on 11-8-, 1953, and that death occurred at 10:50 m., from the causes and on the date stated above.

SIGNATURE (Degree or title): W. C. Jennette, MD — ADDR[illegible] Westminster Md — DATE SIGNED: 11-10-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: Nov. 13, 1953 — NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery — LOCATION (City, town, or county) (State): Smallwood Maryland

DATE REC'D BY LOCAL REG.: 11/16/53 — REGISTRAR'S SIGNATURE:

24. FUNERAL DIRECTOR — ADDRESS: John R. Byers Westminster, Md.

BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10098

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY [illegible] MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville X
LENGTH OF STAY (in this place) 9 Months
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural give location) [illegible]

3. NAME OF DECEASED: (Type or Print) (First) Deborah (Middle) White (Last) Holz

4. DATE OF DEATH: (Month) Nov. (Day) [illegible] (Year) 19[illegible]

5. SEX: [illegible]

6. COLOR OR RACE: [illegible]

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): [illegible]

8. DATE OF BIRTH: Jan. [illegible]

9. AGE last birthday: [illegible] yrs. IF UNDER 1 YEAR Months | Days IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY: Housework

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: [illegible]

14. MOTHER'S MAIDEN NAME: [illegible] Knight

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

33/X

Immediate cause (a) [illegible]

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) [illegible]

DUE TO

(c) [illegible]

Interval Between Onset And Death [illegible]

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on Nov. [illegible], 19[illegible], and that death occurred at [illegible], from the causes and on the date stated above.

SIGNATURE (Degree or title) M H Martin MD ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 11/12/53

NAME OF CEMETERY OR CREMATORY Schwartz's

LOCATION (City, town, or county) Baltimore Md. (State)

DATE REC'D BY LOCAL REGISTRAR 11-9-53

REGISTRAR'S SIGNATURE [illegible]

24. FUNERAL DIRECTOR Clarence F. Hoffmann ADDRESS 1639 Broadway

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10999

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Henryton
LENGTH OF STAY (in this place) 18 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS HENRYTON STATE HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Mt. Airy
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) CHRISTINA (Middle) ISABELL (Last) MYERS

4. DATE OF DEATH: (Month) Nov. (Day) 20, (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: Negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: Jan. 1, 1900
9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): House wife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Frederick Co. Md.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rufus Biggs
14. MOTHER'S MAIDEN NAME: Elizabeth Mercy

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT & ADDRESS: Annie Mae Dotson, Mt. Airy, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

002X

Immediate cause (a) Far advanced bilateral cavitary tuberculosis about 2 year 1951

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 2, 19 53, to Nov. 20, 19 53, that I last saw the deceased alive on Nov. 20, 19 53, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

SIGNATURE T. F. Ulsdal (Degree or title) M.D.
ADDRESS Henryton, Maryland
DATE SIGNED 11/20/53

23. BURIAL, ~~CREMATION~~, ~~REMOVAL~~ (Specify) Burial
DATE THEREOF 11-24-53
NAME OF CEMETERY OR CREMATORY Simpson's Chapel
LOCATION (City, town, or county) (State) Howard Co, Maryland

DATE REC'D BY LOCAL REGISTRAR 11/20/53
REGISTRAR'S SIGNATURE Albert R. Swankhaus
24. FUNERAL DIRECTOR J. M. Waltz Winfield
ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1933

BUREAU V. S.

Item 18(II)Film 160 12-7-53 ams

11000
Reg. Dist.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. .....

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN BaltimoreCity
STREET ADDRESS (If rural, give location) 5505 Elsrode Avenue, Baltimore-14

3. NAME OF DECEASED: (Type or Print) (First) FRANK (Middle) McCauley (Last) PALMER

4. DATE OF DEATH (Month) 11 (Day) 30 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH: 6/30/90
9. AGE last birthday: 63 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): freight conductor
10b. KIND OF BUSINESS OR INDUSTRY: railroads
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James W. Palmer
14. MOTHER'S MAIDEN NAME: Laura Stitley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS: Record, SpringfieldState Hospital

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute occlusion of anterior branch of left coronary artery	minutes?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) coronary arteriosclerosis	unknown
025	DUE TO (c) chronic gastric ulcer and healed pulmonary tuberculosis	unknown

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH. Chronic Brain Syndrome with ~~Manic depressive reaction, [illegible]~~ Central Nervous System Syphilis, Meningoencephalitic, with psychotic reaction — unknown

19a. DATE OF OPERATION: ~~19b. MAJOR FINDING OF OPERATION.~~
20. AUTOPSY? Yes ☑ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.,
21c. (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☐, and find that death resulted from: Natural causes ☑, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T. Shanah M. D.
CHIEF MEDICAL EXAMINER ☐
DEPUTY MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAM. ☐
DATE SIGNED 11/30/53

23. BURIAL, CREMATION, REMOVAL (Specify): burial
DATE THEREOF 12/4/53
NAME OF CEMETERY OR CREMATORY Meadowridge Mem. Pk.
LOCATION (City, town, or county) Ellbridge, Md. (State)
DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Wm. J. Pickner & Sons ADDRESS Balto. 17. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5A-5-53

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11001

CERTIFICATE OF DEATH

Reg. Dist. No. 7 6

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 71 Bond St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) (Middle) (Last) MARY ETTA RYLAND
4. DATE OF DEATH: (Month) (Day) (Year) NOV. 16, 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 31, 1873
9. AGE last birthday: 80 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Bond
14. MOTHER'S MAIDEN NAME: Margaret Buckingham
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) No
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Nellie Earhart 71 Bond St. Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 420.0

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) arteriosclerotic heart disease	2 yrs
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive cardio-vasc. disease	5 yrs
	DUE TO (c) Carcinoma of liver	1 yr

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 30 1949 to Nov 16 1953, that I last saw the deceased alive on 11/15, 1953 and that death occurred at 1 A m., from the causes and on the date stated above.
SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
E Reese Wilkens MD. Westminster 11/17/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Nov. 18, 1953
NAME OF CEMETERY OR CREMATORY St. Marys Cemetery
LOCATION (City, town, or county) Silverun (State) Md.
DATE REC'D BY LOCAL REG. 11/17/53
REGISTRAR'S SIGNATURE F K Woodward
24. FUNERAL DIRECTOR H Bankard Son Westminster ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

NOV
BUREAU V. S.

Film#G159 Item# 2 11/30/53 emp

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11002

CERTIFICATE OF DEATH

Reg. Dist. No. 7H

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville, Maryland — LENGTH OF STAY (in this place) 2 years	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ~~Catonsville~~ Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital	STREET ADDRESS (If rural give location) 4300 Grand View Avenue ~~Pinecrest Sanitorium~~

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) M. (Last) Ryon

4. DATE OF DEATH: (Month) 11 (Day) 18 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 12-10-68

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Teacher

10b. KIND OF BUSINESS OR INDUSTRY: Teaching

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? Unk.

13. FATHER'S NAME: Richard M. McCall

14. MOTHER'S MAIDEN NAME: Sarah M. McCall

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: Unk.

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Myocardial infarct — Interval Between Onset And Death: Instant.

DUE TO

Antecedent causes(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Chronic myocardial — 10 yrs.

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senile psychosis, simple deterioration — Approx 17 y

19a. DATE OF OPERATION: ---

19b. MAJOR FINDINGS OF OPERATION ---

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) (COUNTY) (STATE) ---

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from 8-14-, 19 51, to 11-17-, 19 53, that I last saw the deceased alive on 11-17, 19 53, and that death occurred at 1:30 A.M., from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (Degree or title) — ADDRESS Springfield State Hosp. Sykesville, Md. — DATE SIGNED 11-18-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 11-21-53 — NAME OF CEMETERY OR CREMATORY St Mary's — LOCATION (City, town, or county) (State) Hampden, Balto. Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 19, 1953 — REGISTRAR'S SIGNATURE C. Harry Weir

24. FUNERAL DIRECTOR H. F. Burgee - 3631 Falls Rd. — ADDRESS Balto. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11003

CERTIFICATE OF DEATH

Reg. Dist. No. 70

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown Rural
LENGTH OF STAY (in this place) lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md — COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Taneytown
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) James (Middle) Casper (Last) Sanders

4. DATE OF DEATH: (Month) Nov. (Day) 21 (Year) 1953.

5. SEX: M

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married

8. DATE OF BIRTH: Oct. 10, 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired: Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William E. Sanders

14. MOTHER'S MAIDEN NAME: Mary Frances Myers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: none

17. INFORMANT & ADDRESS: Mrs. James C. Sanders Taneytown, Md.

18. MEDICAL CERTIFICATION

		Interval Between Onset And Death
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
442X		
Immediate cause	(a) Chronic myocarditis, renal failure	6 yrs.
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b) Cerebro vascular accident	6 yrs.
	DUE TO (c) Hypertensive cardio-renals vascular disease	10 yrs.
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Stasis ulcers and gangrene - both legs	3 yrs.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1943, to 21 November, 1953, that I last saw the deceased alive on 18 Nov., 1953, and that death occurred at 5:45 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Walter E. Stevens M.D. — ADDRESS Taneytown Md. — DATE SIGNED 23 Nov 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Nov. 24, 1953 — NAME OF CEMETERY OR CREMATORY St. Joseph's — LOCATION (City, town, or county) (State) Taneytown, Md.

DATE REC'D BY LOCAL REGISTRAR Nov 29, 1953 — REGISTRAR'S SIGNATURE Ethel M. Mehring

24. FUNERAL DIRECTOR C.O. FUSS & SON — ADDRESS Taneytown, Md.

VS. A15

RECEIVED
NOV 1913
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11004

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
LENGTH OF STAY (in this place) 45 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 16 Penna. Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Westminster
STREET ADDRESS (If rural, give location) 16 Penna. Avenue

3. NAME OF DECEASED (Type or Print): (First) Roy (Middle) Alexander (Last) Shipley

4. DATE OF DEATH: (Month) Nov. (Day) 2 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Marries

8. DATE OF BIRTH: June 4, 1884

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Masonary Concractor

10b. KIND OF BUSINESS OR INDUSTRY: Stone-Brick

11. BIRTHPLACE (State or foreign country): Carroll County, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hazel Shipley

14. MOTHER'S MAIDEN NAME: Margaret Shipley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. ---------

17. INFORMANT AND ADDRESS: Mrs. Roy A. Shipley Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Disease ? coronary artery — Interval between onset and death: ½ hour

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio-sclerosis — 5 years

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Operation for Ca of prostate gland — Sept. 1952

19a. DATE OF OPERATION: about 9-52

19b. MAJOR FINDINGS OF OPERATION: Early Ca of prostate

20. AUTOPSY? Yes ☐ No

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1952, to Nov. 2, 1953, that I last saw the deceased alive on Nov. 2, 1953, and that death occurred at 3.30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Billingslea M.D. Westminster, Md. 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: Nov. 5, 1953

NAME OF CEMETERY OR CREMATORY: Krider's Cemetery

LOCATION (City, town, or county) (State): nr Westminster Md.

DATE REC'D BY LOCAL REG. 11/3/53

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR: John R. Byers ADDRESS: Westminster, Md.

RECEIVED
NOV 5
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11005

CERTIFICATE OF DEATH

Reg. Dist. No.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Sykesville
LENGTH OF STAY (in this place) since 9/15/53
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY 0
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City
STREET ADDRESS (If rural give location) 2215 Fleet Street

3. NAME OF DECEASED: (Type or Print) (First) Charles (Middle) C. (Last) SLIPPER

4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1953

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: 5/4/68

9. AGE last birthday: 85 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: unknown

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (State or foreign country): Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY? United States

13. FATHER'S NAME: ?????

14. MOTHER'S MAIDEN NAME: ?????

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) unknown (If Yes, give war or dates of service) ---

16. SOCIAL SECURITY No.: unknown

17. INFORMANT & ADDRESS: Records of Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

154 x

Immediate cause (a) Suppurative nephritis — months ?

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) carcinoma metastases to liver

DUE TO

(c) carcinoma of rectum — more than 1 yr.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senile psychosis — about 3 yrs

19a. DATE OF OPERATION: --- 6-22-53

19b. MAJOR FINDINGS OF OPERATION: Rectal carcinoma

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ---

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ---

(CITY OR TOWN) ---

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) ---- m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? ---

22. I hereby certify that I attended the deceased from Oct. 15, 1953, to Nov. 26, 1953, that I last saw the deceased alive on Nov. 25, 1953, and that death occurred at 12:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Martin Gross, M.D. — ADDRESS Sykesville, Md — DATE SIGNED Nov. 26, 1953

23. BURIAL, CREMATION, REMOVAL (Specify) — DATE THEREOF 11-30-53 — NAME OF CEMETERY OR CREMATORY SCHWARTZ CEM — LOCATION (City, town, or county) (State) O'DONELL ST

DATE REC'D BY LOCAL REGISTRAR — REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR — ADDRESS Lilly & Zeller INC 403 S Wolfe St

VS. A15

11506

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Lykesville, Md
COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lykesville
MARYLAND LENGTH OF STAY (in this place) 3 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore 14
STREET ADDRESS (If rural give location) 826 Cedarcroft Rd Balto 12, Md

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Anna (Last) Smith
4. DATE OF DEATH: (Month) 11 (Day) 8 (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 10/18/1888
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Milliner
10b. KIND OF BUSINESS OR INDUSTRY: Unk
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George G Smith
14. MOTHER'S MAIDEN NAME: Anna Hanover
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: Unk
17. INFORMANT & ADDRESS: Mr. J. P. Houck 826 Cedarcroft Rd, Baltimore 12, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

414X
Immediate cause (a) Rheumatic degenerative myocarditis several years
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Chr. inactive rheumatic valvular insufficiency many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chr. brain sclerosis with circulatory disturbance

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8/5/53, to 11/7/53, that I last saw the deceased alive on 11/7/53, and that death occurred at 11/8/53, from the causes and on the date stated above.
SIGNATURE (Degree or Title) A. L. Riba, M.D. ADDRESS Springfield Hospital Md DATE SIGNED 11/8/1953

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial
DATE THEREOF 11-11-53
NAME OF CEMETERY OR CREMATORY Lorraine
LOCATION (City, town, or county) (State) Balto. Md.
DATE REC'D BY LOCAL REGISTRAR Nov. 9, 1953
REGISTRAR'S SIGNATURE C. Harry Weis
24. FUNERAL DIRECTOR Wm Cook Inc. ADDRESS 1217 W Fayette St.

DR. A. LUBIZIKA.

VS. A15

REÇU
NOV
BUREAU V.

11007

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 78

M

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
LENGTH OF STAY (in this place) 88 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS R.D. # 1

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Westminster
STREET ADDRESS (If rural, give location) R.D. # 1

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) (Last) STARNER

4. DATE OF DEATH: (Month) Nov. (Day) 19 (Year) 1953

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: May 30, 1865
9. AGE last birthday: 88 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Huckster + farmer
10b. KIND OF BUSINESS OR INDUSTRY: Tenant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Calvin Starner
14. MOTHER'S MAIDEN NAME: Annie Circle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: None
17. INFORMANT & ADDRESS: Margaret Moxley R.D. 1 Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 593X

Immediate cause (a) Cerebral hemorrhage
DUE TO Myocarditis
Antecedent cause(s) (b) Nephritis
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last DUE TO
(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1949, to 11-19, 1953, that I last saw the deceased alive on 11-18, 1953, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE W. C. Jennette MD (DEGREE OR TITLE) ADDRESS 103 E Main Westminster Md DATE SIGNED 11-21-53

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE THEREOF 11-22-1953
NAME OF CEMETERY OR CREMATORY Meadowbranch Cem.
LOCATION (City, town, or county) Westminster (State) Md.

DATE REC'D BY LOCAL REG. 11/21/53
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR H. Bankard & Son Westminster ADDRESS Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A10 8-51

NOV 24 1903
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11008

CERTIFICATE OF DEATH

Reg. Dist. No. 81

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH:
COUNTY Carroll | STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge | LENGTH OF STAY (In this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland | COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) WILLIAM (Middle) H (Last) STONE
4. DATE OF DEATH: (Month) Nov. (Day) 26 (Year) 1953
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: 4/26/1905
9. AGE last birthday: 48 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Laying blocks
10b. KIND OF BUSINESS OR INDUSTRY: Mason
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Henry D. Stone
14. MOTHER'S MAIDEN NAME: Sarah E. Groft
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY No.: 219-07-5416
17. INFORMANT & ADDRESS: R. Lee Stone, Linwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

Immediate cause (a) 420.1 Coronary Occlusion DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Sclerosis of coronary DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURED While at Work ☐ Not While At Work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov 24, 1953 to Nov 26, 1953 that I last saw the deceased alive on Nov 26 1953 and that death occurred at 3 P.M. from the causes and on the date stated above.
SIGNATURE (Degree or title) J. H. Legg M.D. ADDRESS Union Bridge Md DATE SIGNED 11-26-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 11/29/53 | NAME OF CEMETERY OR CREMATORY Pipe Creek Cem. | LOCATION (City, town, or county) Carroll County, Md. (State)

DATE REC'D BY LOCAL REGISTRAR Nov. 27, 1953 | REGISTRAR'S SIGNATURE Leslie L. Repp

24. FUNERAL DIRECTOR D. D. Hartzler & Sons ADDRESS Union Bridge, Md.

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11009

CERTIFICATE OF DEATH

Reg. Dist. No. 74

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Sykesville
LENGTH OF STAY (in this place) 2 mos., 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Sykesville, Md.
STREET ADDRESS (If rural give location) R.F.D. #2

3. NAME OF DECEASED: (Type or Print) (First) Eugene (Middle) (Last) Trayer

4. DATE OF DEATH: (Month) 11 (Day) 19 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: 8-1-78
9. AGE last birthday: 75 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Attendant
10b. KIND OF BUSINESS OR INDUSTRY: Hospital Attendant
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Eugene Trayer
14. MOTHER'S MAIDEN NAME: Elizabeth Phelps

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Records, Springfield State Hospital

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

4221

Immediate cause (a) Chronic myocarditis with arteriosclerosis
DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)
DUE TO
(c)

Interval Between Onset And Death: —

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome assoc. with circulatory disturbance, cerebral arteriosclerosis with psychotic reaction.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-9-, 1953, to 11-19-53, 19 ....., that I last saw the deceased alive on 11-19-1953, and that death occurred at 9:55 PM, from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] M.D. ADDRESS Sykesville, Md. DATE SIGNED 11-20-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 11-22-53
NAME OF CEMETERY OR CREMATORY Springfield
LOCATION (City, town, or county) (State) Sykesville, Md.

DATE REC'D BY LOCAL REGISTRAR Nov. 20, 1953
REGISTRAR'S SIGNATURE C. Harry [signature]
24. FUNERAL DIRECTOR [signature] ADDRESS Sykesville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
NOV 23 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 11010 74

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sykesville, Maryland
LENGTH OF STAY (in this place) 1yr. 3mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Springfield State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
STREET ADDRESS (If rural give location) ———

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Elizabeth (Last) Tucker

4. DATE OF DEATH: (Month) 11 (Day) 2 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 10-26-1866

9. AGE last birthday: 87 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country) Finksburg, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Schmidt

14. MOTHER'S MAIDEN NAME: Elizabeth (?)

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service) ———

16. SOCIAL SECURITY No.: None

17. INFORMANT & ADDRESS: Hospital records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset And Death
Immediate cause	(a)	Terminal pneumonia	2 days
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.	DUE TO (b)	Cerebral hemorrhage	2 weeks
	DUE TO (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 17.11 -- C.B.S. with senile brain disease with psychotic reaction.

19a. DATE OF OPERATION: ———

19b. MAJOR FINDINGS OF OPERATION ———

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) ———
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ———
(CITY OR TOWN) ———
(COUNTY)
(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. ———
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR? ———

22. I hereby certify that I attended the deceased from 10-20-, 19 53, to 11-2-, 19 53, that I last saw the deceased alive on 11-2-, 19 53, and that death occurred at 2:00 P.M. from the causes and on the date stated above.

SIGNATURE M. N. Mastin, M.D. (Degree or title) ADDRESS Springfield State Hosp. Sykesville, Md. DATE SIGNED 11-2-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Nov. 5/53
NAME OF CEMETERY OR CREMATORY Old Baptist Cem.
LOCATION (City, town, or county) Jarrettsville (State) Md

DATE REC'D BY LOCAL REGISTRAR Nov. 4, 1953.
REGISTRAR'S SIGNATURE C. Harry Weer

24. FUNERAL DIRECTOR J. F. Bland Sons
ADDRESS Reisterstown

VS. 115

RECEIVED
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11011

CERTIFICATE OF DEATH

Reg. Dist. No. 1

1. PLACE OF DEATH COUNTY: Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster LENGTH OF STAY (in this place): life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Westminster
HOSPITAL OR INSTITUTION OR STREET ADDRESS: R. F. D. # 6 X	STREET ADDRESS (If rural, give location): R. F. D. # 6

3. NAME OF DECEASED (Type or Print) (First) Julia (Middle) Wagner (Last) Waltz				4. DATE OF DEATH (Month) Nov. (Day) 24 (Year) 1953	
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Marries	8. DATE OF BIRTH: Aug. 26, 1890	9. AGE last birthday: 63 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Carroll County, Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Henry Wagner		14. MOTHER'S MAIDEN NAME: Eurith Gore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) -----	16. SOCIAL SECURITY NO. --------	17. INFORMANT AND ADDRESS: Dayton Waltz R. 6 Westminster, Md.			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

157X Immediate cause (a) (generalized) Carinomatosis of abdomen — 3 mos.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Carcinoma of Pancreas — 6+ mos.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Beginning gangrene of toes

19a. DATE OF OPERATION: Nov 9 1953	19b. MAJOR FINDINGS OF OPERATION: Carcinomatosis	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1953, to Nov. 24, 1953 that I last saw the deceased alive on Nov. 23, 1953 and that death occurred at 4:10 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Reese Wilkens M.D. ADDRESS: Westminster 11 DATE SIGNED: 24/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE THEREOF: Nov. 27, 1953	NAME OF CEMETERY OR CREMATORY: Deer Park Cemetery	LOCATION (City, town, or county) (State): Smallwood Maryland
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS: John R. Byers Westminster, Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A10

BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is specially important. Physicians: please write the causes of death clearly and legibly.

VS AN

1

11012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 76

1. PLACE OF DEATH: COUNTY Carroll MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Woodbine — LENGTH OF STAY (in this place) 3 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gamber
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hewitt Nursing Home	STREET ADDRESS (If rural, give location) Sykesville, R. 1

3. NAME OF DECEASED (Type or Print) (First) Anna (Middle) Almira (Last) Ward	4. DATE OF DEATH (Month) Nov. (Day) 3 (Year) 1953
5. SEX Female — 6. COLOR OR RACE White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Apr. 28, 1863 — 9. AGE last birthday 90 yrs. — If under 1 year Months / Days — If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pet house work — 10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Gamber, Maryland — 12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Pool	14. MOTHER'S MAIDEN NAME Elizabeth Murray
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) — 16. SOCIAL SECURITY NO. ----------	17. INFORMANT AND ADDRESS Mrs. Eva Bonner Westminster, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
490 X Immediate cause	(a) Lobar Pneumonia	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chr. Hemiplegia	1 year
	(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 29th, 1953, to Nov. 3, 1953, that I last saw the deceased alive on Nov. 3rd, 1953 and that death occurred at 8 30 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Shreeter Bose — ADDRESS Westminster, Maryland — DATE SIGNED 11/4/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF Nov. 6, 1953	NAME OF CEMETERY OR CREMATORY Sandymount Cemetery	LOCATION (City, town, or county) Sandyville (State) Md.
DATE REC'D BY LOCAL REG. 11/4/53	REGISTRAR'S SIGNATURE [signature] Edna M. Hewitt mnb	24. FUNERAL DIRECTOR John R. Byers	ADDRESS Westminster, Md.

RECEIVED
NOV 3 1973
BUREAU V. S.

11013

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 70

1. PLACE OF DEATH: COUNTY Carroll MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taneytown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits write RURAL and give nearest town) OR TOWN Taneytown
STREET ADDRESS (If rural, give location) 15 York Street

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) CLEVELAND (Last) WEISHAAR

4. DATE OF DEATH (Month) Nov (Day) 28 (Year) 1953

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: February 2, 1887
9. AGE last birthday: 66 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: County roads
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James H. Weishaar
14. MOTHER'S MAIDEN NAME: Annie Shriner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-10-5633
17. INFORMANT & ADDRESS: Mrs. Carrie Weishaar, Taneytown, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

420.1

Immediate cause (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Hypertension C-V disease — Years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.

19a. DATE OF OPERATION:
19b. MAJOR FINDING OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21a. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH.
21b. PLACE (Home, farm, factory, street, office bldg., etc., OF INJURY
21c. (City or town) (County) (State)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY M.
21e. INJURY OCCURRED While at work ☐ Not while at work ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒, and find that death resulted from: Natural causes ☒, Accident ☐, Suicide ☐, Homicide ☐, Undetermined cause ☐.

SIGNATURE James T Marsh M. D. CHIEF MEDICAL EXAMINER ☐ DEPUTY MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAM. ☐ DATE SIGNED 11/28/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF Dec. 1, 1953
NAME OF CEMETERY OR CREMATORY Reformed Cemetery
LOCATION (City, town, or county) (State) Taneytown, Maryland

DATE REC'D BY LOCAL REG. Nov. 29, 1953
REGISTRAR'S SIGNATURE Ethel M. Mahring
24. FUNERAL DIRECTOR ADDRESS C.O.Fuss & Son, Taneytown, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 5A - 5 - 53

1

RECEIVED
DEC 2
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11014

CERTIFICATE OF DEATH

Reg. Dist. No. 76

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Carroll — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Finksburg
LENGTH OF STAY (in this place) 1 Month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Finksburg Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Carroll
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hampstead
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elisha	P	Wheeler	Nov	5	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Mar 18-1880	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired owner	Farm	Md.	U.S.A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Wm. H. Wheeler	Elizabeth Annacost

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war, or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	None	Wm. Wheeler, Upperco Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331X

Immediate cause (a) Cerebral hemorrhage — 1 Month

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from Oct 10, 1953, to Nov 5, 1953, that I last saw the deceased alive on Oct 25, 1953, and that death occurred at 11:55 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. H. Foard	M.D.	Manchester Md	11/5/53

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Nov 8-53	Grace Methodist	Baltimore	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Nov 7-1953	Mrs. [illegible]	Edward Tipton	Hampstead Md
11/9/53	[illegible]		

RECEIVED
NOV 12 1953
BUREAU V. S.